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1002 A	U.S. Pr	PTO/SB/21 (09-04) Approved for use through 07/31/2006, OMB 0651-0031 atent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995	no persons are required to respond to a colle Application Number	action of information unless it displays a valid OMB control number. 10/617,599
TRANSMITTAL	Filing Date	July 11, 2003
FORM	First Named Inventor	Jean-Marie R. Dautelle
	Art Unit	2672
the heavened for all comments and according to the least of	Examiner Name	Jeffrey A. Brier
(to be used for all correspondence after initial Total Number of Pages in This Submission	27 Attorney Docket Number	RTN-171AUS
	ENCLOSURES (Check all t	hat apply)
	· · · · · · · · · · · · · · · · · · ·	After Allowance Communication to TC
Fee Transmittal Form	Drawing(s)	<u> </u>
Fee Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences
Amendment/Reply	Petition	Appeal Communication to TC Appeal Notice, Brief, Repty Brief
After Final	Petition to Convert to a Provisional Application	Proprietary Information
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Ad	
Extension of Time Request	Terminal Disclaimer	Other Enclosure(s) (please Identify
Express Abandonment Request	Request for Refund	below): Return Postcard;
Information Disclosure Statement		Annotated Drawings for FIGS. 1, 2, 2A, 4 and 6 (3 sheets total);
Certified Copy of Priority	CD, Number of CD(s)	Replacement Drawings for FIGS. 1, 2, 2A, 4 and 6 (3 sheets total)
Document(s)	Landscape Table on CD	ZA, 4 and 0 (3 sheets total)
Reply to Missing Parts/ Incomplete Application	Remarks	
Reply to Missing Parts under 37 CFR 1.52 or 1.53		sion of time is required by this paper and not
under 57 OF N 1.52 of 1.53		on is hereby made and authorization is eposit account No. 50-0845 for the cost of
	such extension.	
	TURE OF APPLICANT, ATTOF	RNEY, OR AGENT
Firm Name Daly, Crowley, Moffo	ord & Durkee, LLP	
Signature Lemm	John	
Printed name Kermit Rob		
Date hent 3	P. 2005	eg. No. 48,734
С	ERTIFICATE OF TRANSMISSI	ON/MAILING
sufficient postage as first class mail in an en the date shown below:	eing facsimile transmitted to the USPTC velope addressed to: Commissioner for	or deposited with the United States Postal Service with Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on
Signature	5 PM -	
Typed or printed name Kerr	mit Robinson	Date 5 407 30, 2085)

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (12-04)

Fee Deposit Account Deposit Account Number: So-0845 Deposit Account Number: Daily, Crowley, Mofford & Durkee, LLP Charge efee(s) indicated below Charge fee(s) indicated below, except for the filling fee So-0845 Deposit Account Number: So-0845 Deposit Account Number: Daily, Crowley, Mofford & Durkee, LLP
FEE TRANSMITTAL For FY 2005 Application Number 10/617,599
Filing Date July 11, 2003
Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 150 METHOD OF PAYMENT (check all that apply) X Check
At Unit 2673 At Unit 2675 At Unit 2673 At Unit 2673 At Unit 2675 At Unit 2673 At Unit 2675 At Un
Art Unit 2673 Attorney Docket No. RTN-171AUS
METHOD OF PAYMENT (check all that apply) Check
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 50-0845 Deposit Account Name: Daly. Crowley, Mofford & Durkee, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee X Charge any additional fee(s) or underpayments of fee(s) Charge any additional fee(s) or underpayments of fee(s) X Credit any overpayments WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card Information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Fee (\$) F
Deposit Account Deposit Account Number: 50-0845 Deposit Account Name: Daly, Crowley, Mofford & Durkee, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Warning: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card Information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Fee (\$) Fee
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Charge any additional fee(s) or underpayments of fee(s) WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card Information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Fee (\$) F
Name
The composition and authorization on PTO-2038.
Total Claims 20 Extra Claims Fee (\$)
FILING FEES Small Entity Fee (\$) Fee (
Application Type Fee (\$) Fee (
Application Type
Utility 300 150 500 250 200 100
Plant 200 100 300 150 160 80
Reissue 300 150 500 250 600 300 300
Provisional 200 100 0 0 0 0 0 2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims Total Claims 20 Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Multiple Dependent Claims
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$23 - 20 \text{ or HP} = 3 \times 50 = 150$
Indep. Claims 3 Extra Claims Fee (\$) Fee Paid (\$)
3 - 3 or HP = 0 x 200 = 0 HP = highest number of independent claims paid for, if greater than 3
3. APPLICATION SIZE FEE
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)
4. OTHER FEE(S)
Non-English Specification, \$130 fee (no small entity discount)
Other:
SUBMITTED BY
Docited the N
lame (Print/Type) Registration No. (Attorney/Agent) 48,734 Telephone 781.401.9988 ext. 24

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. Do NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.